

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
C9 634678

FILING DATE
3/11/02

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	1				1	
16						1
17					1	
18	1				1	
19					1	
20					1	
21	1				1	
22		1			1	
23	1					
24	2					
25	2					
26	2					
27	2					
28	1				1	
29	1				1	
30	1				1	
31	1				1	
32	5				3	
33	3				3	
34	3				3	
35	3				3	
36	3				3	
37	1				1	
38					1	
39					1	
40					1	
41					1	
42					1	
43					1	
44					1	
45					1	
46	2				2	
47	2				2	
48	3				3	
49	1				1	
50	1				1	
TOTAL IND.	7					
TOTAL DEP.	69					
TOTAL CLAIMS	76					

	•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54						
55						
56	1					1
57	1					1
58						
59					1	
60						1
61					1	
62					1	
63					1	
64					1	
65					1	
66					1	
67					1	
68					8	
69					1	
70					1	
71					11	
72					//	
73					//	
74					//	
75					1	
76					1	
77					1	
78					1	
79					2	
80					1	
81					1	
82					1	
83					1	
84					1	
85					1	
86					1	
87					1	
88					1	
89					1	
90					1	
91					1	
92					1	
93					1	
94					1	
95					1	
96					1	
97					1	
98					1	
99					1	
100					1	
TOTAL IND.			J		J	
TOTAL DEP.			J		J	
TOTAL CLAIMS					13	J